

<i>SERFF Tracking Number:</i>	<i>SEPX-125302610</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Sentry Casualty Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026200</i>
<i>Company Tracking Number:</i>	<i>WC AR0748089R01</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0000 WC Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Workers' Compensation</i>		
<i>Project Name/Number:</i>	<i>2007 Work Comp/WC AR0748089R01</i>		

## Filing at a Glance

Company: Sentry Casualty Company	SERFF Tr Num: SEPX-125302610	State: Arkansas
Product Name: Workers' Compensation	SERFF Status: Closed	State Tr Num: AR-PC-07-026200
TOI: 16.0 Workers Compensation	Co Tr Num: WC AR0748089R01	State Status:
Sub-TOI: 16.0000 WC Sub-TOI Combinations	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler
Filing Type: Rate	Author: SPI SentryInsurancePC	Disposition Date: 09/25/2007
	Date Submitted: 09/24/2007	Disposition Status: Approved
Effective Date Requested (New): 01/01/2008		Effective Date (New): 01/01/2008
Effective Date Requested (Renewal): 01/01/2008		Effective Date (Renewal):

## General Information

Project Name: 2007 Work Comp	Status of Filing in Domicile:
Project Number: WC AR0748089R01	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 09/25/2007	
State Status Changed: 09/24/2007	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
The purpose of this filing is to update manual pages previously submitted and approved under filing number AR-PC-07-024808. Please refer to the filing memorandum and revised manual pages included in this filing for details.	

We also wish to inform you that Sentry Casualty Company elects to adopt the revisions filed as NCCI Item Filing # AR-2007-10 to be effective 1-1-2008.

We've reviewed the filing fee requirements applicable to your state and it appears a fee of \$50 is due for this filing. If this is incorrect, please let us know and additional funds will be transmitted via EFT.

If you have any questions regarding this filing, please contact me.

<i>SERFF Tracking Number:</i>	<i>SEPX-125302610</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Sentry Casualty Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026200</i>
<i>Company Tracking Number:</i>	<i>WC AR0748089R01</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0000 WC Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Workers' Compensation</i>		
<i>Project Name/Number:</i>	<i>2007 Work Comp/WC AR0748089R01</i>		

Thank you.

## Company and Contact

### Filing Contact Information

Linda Pawlowski, Compliance/Development Sr. linda.pawlowski@sentry.com  
Analyst

1800 North Point Drive (715) 346-6028 [Phone]  
Stevens Point, WI 54481 (715) 346-6044[FAX]

### Filing Company Information

Sentry Casualty Company	CoCode: 28460	State of Domicile: Wisconsin
1800 North Point Drive	Group Code: 169	Company Type:
Stevens Point, WI 54481	Group Name: Sentry Insurance	State ID Number:
	Group	
(715) 346-6000 ext. [Phone]	FEIN Number: 88-0119246	
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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Sentry Casualty Company	\$50.00	09/24/2007	15779122

<i>SERFF Tracking Number:</i>	<i>SEPX-125302610</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Sentry Casualty Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026200</i>
<i>Company Tracking Number:</i>	<i>WC AR0748089R01</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0000 WC Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Workers' Compensation</i>		
<i>Project Name/Number:</i>	<i>2007 Work Comp/WC AR0748089R01</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Carol Stiffler	09/25/2007	09/25/2007

SERFF Tracking Number:	SEPX-125302610	State:	Arkansas
Filing Company:	Sentry Casualty Company	State Tracking Number:	AR-PC-07-026200
Company Tracking Number:	WC AR0748089R01		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0000 WC Sub-TOI Combinations
Product Name:	Workers' Compensation		
Project Name/Number:	2007 Work Comp/WC AR0748089R01		

## Disposition

Disposition Date: 09/25/2007

Effective Date (New): 01/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Sentry Casualty Company	0.000%	\$0	0	\$0	0.000%	0.000%	%

SERFF Tracking Number:	SEPX-125302610	State:	Arkansas
Filing Company:	Sentry Casualty Company	State Tracking Number:	AR-PC-07-026200
Company Tracking Number:	WC AR0748089R01		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0000 WC Sub-TOI Combinations
Product Name:	Workers' Compensation		
Project Name/Number:	2007 Work Comp/WC AR0748089R01		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Supporting Document	AR - Workers' Comp Abstract WC-1	Approved	Yes
Rate	Retrospective Rating Plan Manual Page RR1-LCM	Approved	Yes
Rate	AR SCC WC Reg LCM Page S1-LCM	Approved	Yes

SERFF Tracking Number:	SEPX-125302610	State:	Arkansas
Filing Company:	Sentry Casualty Company	State Tracking Number:	AR-PC-07-026200
Company Tracking Number:	WC AR0748089R01		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0000 WC Sub-TOI Combinations
Product Name:	Workers' Compensation		
Project Name/Number:	2007 Work Comp/WC AR0748089R01		

## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	Prior Approval
<b>Rate Change Type:</b>	Neutral
<b>Overall Percentage of Last Rate Revision:</b>	Neutral
<b>Effective Date of Last Rate Revision:</b>	
<b>Filing Method of Last Filing:</b>	

## Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Sentry Casualty Company	%	0.000%	\$0	0	\$0	0.000%	0.000%

<i>SERFF Tracking Number:</i>	<i>SEPX-125302610</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Sentry Casualty Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026200</i>
<i>Company Tracking Number:</i>	<i>WC AR0748089R01</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0000 WC Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Workers' Compensation</i>		
<i>Project Name/Number:</i>	<i>2007 Work Comp/WC AR0748089R01</i>		

## Rate/Rule Schedule

<b>Review Status:</b>	<b>Exhibit Name:</b>	<b>Rule # or Page #:</b>	<b>Rate Action</b>	<b>Previous State Filing Attachments Number:</b>	
Approved	Retrospective Rating Plan Manual Page RR1-LCM	RR1-LCM	Replacement	AR-PC-07-024808	RR1-LCM.PDF
Approved	AR SCC WC Reg LCM Page S1-LCM	S1-LCM	Replacement	AR-PC-07-024808	S1-LCM.PDF

*Effective January 1, 2008*

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LOSS COST MULTIPLIER

MULTIPLIER

Retrospective Rating Plan Manual - State Special Rating Values	1.264
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MISCELLANEOUS VALUES  
EXCEPTIONS

Expected Loss Ratio.....	0.668
Expected Loss & ALE Ratio.....	0.72
Tax Multiplier - State (non F-class).....	1.062
Tax Multiplier - Federal classes (or Non-F classes where rate is increased by the USL&HW Act Percentage).....	1.146
Table of Expense Ratios - Type A (Stock).....	XXVI-A
Table of Expense Ratios - Type B (Non Stock).....	XXVI-B
Table of Expense Ratios for ALE Option - Type A (Stock).....	XXVI-C
Table of Expense Ratios for ALE Option - Type B (Non Stock).....	XXVI-D



Effective 01-01-2008

LOSS COST MULTIPLIER

MULTIPLIER

Workers Compensation and Employers Liability 1.264

MISCELLANEOUS VALUES  
EXCEPTIONS

Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents ..... \$0.00  
Expense Constant .....\$0

Premium Discount Percentages - see Basic Manual Rule 3-A-19a. The following discounts are applicable to standard premiums:

				<u>Discount</u>
First	\$5,000	(0 - 5,000)	--	0.0%
Next	\$95,000	(5,001 - 100,000)	a	10.9%
Next	\$400,000	(100,001 - 500,000)	b	12.6%
Over	\$500,000	(500,001 & over)	c	14.4%

Minimum Premium - Minimum premiums will be calculated per the following formula:

Minimum Premium = (Rate x 175) + Expense Constant  
The minimum premium is subject to a maximum of \$850.

Exceptions to Minimum Premium Formula:

Minimum premium for classes defined as ginning classes per NCCI assigned risk loss cost pages is \$100 per ginning location.  
Minimum premium for classes computed on a per capita basis = Rate + Expense Constant

SERFF Tracking Number: SEPX-125302610 State: Arkansas  
Filing Company: Sentry Casualty Company State Tracking Number: AR-PC-07-026200  
Company Tracking Number: WC AR0748089R01  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations  
Product Name: Workers' Compensation  
Project Name/Number: 2007 Work Comp/WC AR0748089R01

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 09/25/2007

**Comments:**

**Attachments:**

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF  
AR - NAIC RATE RULE FILING SCHEDULE.PDF

**Satisfied -Name:** NAIC Loss Cost Filing Document for Workers' Compensation **Review Status:** Approved 09/25/2007

**Comments:**

**Attachment:**

AR - NAIC LC FILING DOC RF-WC.PDF

**Satisfied -Name:** NAIC loss cost data entry document **Review Status:** Approved 09/25/2007

**Comments:**

**Attachment:**

AR - RATE FILING ABSTRACT RF-1.PDF

**Satisfied -Name:** AR - Workers' Comp Abstract WC-1 **Review Status:** Approved 09/25/2007

**Comments:**

**Attachment:**

AR - Workers' Comp Abstract WC-1.PDF

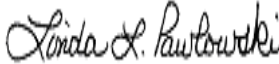
## Property &amp; Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

<b>3. Group Name</b>	Sentry Insurance Group				<b>Group NAIC #</b>	169
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>		
Sentry Casualty Company	WI	28460	88-0119246			

<b>5. Company Tracking Number</b>	WC AR0748089R01
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## Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
Linda L. Pawlowski 1800 North Point Drive Stevens Point WI 54481	Compliance/Development Sr. Analyst	715-346-6028 Ext. 6028	715-346-6044	linda.pawlowski@sentry.com
<b>7. Signature of authorized filer</b>				
<b>8. Please print name of authorized filer</b>	Linda L. Pawlowski			

## Filing Information (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	16.0 Workers Compensation
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	16.0000 WC Sub-TOI Combinations
<b>11. State Specific Product code(s) (if applicable) [See State Specific Requirements]</b>	
<b>12. Company Program Title (Marketing Title)</b>	Workers' Compensation
<b>13. Filing Type</b>	<input checked="" type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14. Effective Date(s) Requested</b>	New: 1/1/2008      Renewal: 1/1/2008
<b>15. Reference Filing?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>16. Reference Organization (if applicable)</b>	NCCI
<b>17. Reference Organization # &amp; Title</b>	
<b>18. Company's Date of Filing</b>	9-24-07
<b>19. Status of filing in domicile</b>	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

# Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	WC AR0748089R01
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

The purpose of this filing is to update manual pages previously submitted and approved under filing number AR-PC-07-024808. Please refer to the filing memorandum and revised manual pages included in this filing for details.

We also wish to inform you that Sentry Casualty Company elects to adopt the revisions filed as NCCI Item Filing # AR-2007-10 to be effective 1-1-2008.

We've reviewed the filing fee requirements applicable to your state and it appears a fee of \$50 is due for this filing. If this is incorrect, please let us know and additional funds will be transmitted via EFT.

If you have any questions regarding this filing, please contact me.

Thank you.

22.	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
	<div data-bbox="180 1461 724 1516"> <p><b>Check #:</b> Filing fee is being sent via EFT.</p> <p><b>Amount:</b> \$50.00</p> </div> <div data-bbox="151 1753 1304 1812"> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p> </div>

\*\*\*Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

## PROPERTY & CASUALTY RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

**(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	WC AR0748089R01
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	
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☐ Rate Increase
 ☐ Rate Decrease
 ☒ Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	Prior Approval
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>
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Company Name	Overall % Indicated Change (when Applicable)	Overall % Rate Impact	Written Premium Change for this program	# of policyholders affected for this program	Written premium for this program	Maximum %Change (where required)	Minimum %Change (where required)
Sentry Casualty Company		0	0	0	0	0	0
		0	0	0	0	0	0

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>
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Company Name	Overall % Indicated Change (when Applicable)	Overall % Rate Impact	Written Premium Change for this program	# of policyholders affected for this program	Written premium for this program	Maximum %Change (where required)	Minimum %Change (where required)

5. Overall Rate Information (Complete for Multiple Company Filings only)			
		COMPANY USE	STATE USE
5a.	Overall percentage rate indication(when applicable)		
5b.	Overall percentage rate impact for this filing		
5c.	Effect of Rate Filing – Written premium change for this program		
5d.	Effect of Rate Filing - Number of policyholders affected		

<b>6.</b>	Overall percentage of last rate revision	NA
<b>7.</b>	Effective Date of last rate revision	NA
<b>8.</b>	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	NA

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	Page S1-LCM 1-1-2008	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	AR-PC-07-024808
02	Page RR1-LCM 1-1-2008	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	AR-PC-07-024808
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

# FORM RF-WC NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

## CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking #	WC AR0748089R01
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	

- ☒ **Loss Cost Reference Filing** NCCI AR-2007-10 ☐ **Independent Rate Filing**  
(Advisory Org. & Reference filing #)

**If this is a loss cost filing adopting an advisory organization's loss costs, the above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.**

### 1. Check one of the following:

<input checked="" type="checkbox"/>	The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer. <b>Note: Some states have statutes that prohibit this option for some lines of business.</b>
<input type="checkbox"/>	The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

2. Does this filing apply to all class codes? Yes If no, complete a copy of this form for each affected class with appropriate justification.

### 3. Loss cost modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing:  
(Check One)

- ☒ Without Modification (factor = 1.000)  
☐ With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) \_\_\_\_\_

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) 1.000

Example 1: Loss cost Modification Factor: If your company's loss cost modification is -10%, a factor of .90 (1.000 - .100) should be used.

Example 2: Loss cost Modification Factor: If your company's loss cost modification is =15%, a factor of 1.15 (1.000 + .150) should be used.

**NOTE: IF EXPENSE CONSTANTS ARE UTILIZED ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 4-11 BELOW.**

4. Development of Expected Loss Adjustment Expense (Target Cost) Ratio. (Attach exhibit detailing insurer expense data, impact of premium discount plans, and/or other supporting information.)

**PROJECTED EXPENSES: Compared to standard premium at company rates.**

			Selected Provisions	
	A.	Total Production Expense	11.2	%
	B.	General Expense	5.3	%
	C.	Taxes, Licenses & Fee	5.8	%
	D.	Underwriting profit & Contingencies*	-1.5	%
	E.	Other (explain)		%
	F.	Total	20.9	%
		* Explain how investment income is taken into account		

5.	A.	Expected Loss Ratio: ELR = 100% - 4F =	79.1%
	B.	ELR in Decimal Form =	0.791

**NAIC LOSS COST FILING DOCUMENT—*FOR WORKERS' COMPENSATION***

<b>6.</b>	<b>Overall Impact of Expense Constant and Minimum Premiums:</b> (a 2.3% impact would be expressed as 1.023)	1.000
<b>7.</b>	<b>Overall Impact of Size-of-Risk Discounts plus Expense Graduation Recognition in Retrospective Rating:</b> (An 8.6% average discount would be expressed as 0.914)	1.000
<b>8.</b>	<b>Company Formula Loss Cost Multiplier</b> [3B / ((7 - 4F) X 6)]	1.264
<b>9.</b>	<b>Company Selected Loss Cost Multiplier =</b> (Attach explanation for any difference between 6 and 7)	1.264

- |            |   | Yes                                 | No                       |
|------------|---|-------------------------------------|--------------------------|
| <b>10.</b> | <b>Are you amending your minimum premium formula?</b> If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum, etc. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>11.</b> | <b>Are you changing your premium discount schedules?</b> If yes, attach schedules and support, detailing premium or rate level changes.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

# FORM RF-1 Rate Filing Abstract NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	WC AR0748089R01
2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	NCCI Item Filing # AR-2007-10

		Company Name		Company NAIC Number
3.	A.	Sentry Casualty Company	B.	169-28460

		Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)
4.	A.	16.0 Workers Compensation	B.	16.0000 WC Sub-TOI Combinations

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Workers Compensation	NA	0.0%	0.791	1.000	1.264	0	NA
TOTAL OVERALL EFFECT							

6.

5 Year History

Rate Change History

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
No rate change history							

7.

Expense Constants	Selected Provisions
A. Total Production Expense	11.2%
B. General Expense	5.3%
C. Taxes, License & Fees	5.8%
D. Underwriting Profit & Contingencies	-1.5%
E. Other (explain)	
F. TOTAL	20.9%

8. Y Apply Lost Cost Factors to Future filings? (Y or N)

9. 0.0% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): All

10. 0.0% Estimated Maximum Rate Decrease for any Insured (%). Territory (if applicable): All





ARKANSAS INSURANCE DEPARTMENT  
WORKERS' COMPENSATION ABSTRACT

Form WC-1  
Rev. 4/96

**INSTRUCTIONS:** All questions must be answered. If the answer is "non" or "not applicable", so state. If all questions are not answered, the filing will not be accepted for review by the Department. Use a separate abstract for each company if filing for a group.

Company Name Sentry Casualty Company  
NAIC No. 28460 Group No. 169  
Deviation From NA Proposed Effective Date 1/1/2008

1. What type of deviation(s) are you currently utilizing? (Specify whether deviation is a schedule rating plan or an across-the-board deviation.)

TYPE	APPROVED	PERCENTAGE
<u>NA</u>	<u>NA</u>	<u>NA</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

2. What, if any, restrictions apply to the deviation? NA

3. What is the minimum premium requirement for eligibility for the deviation? NA

4. What was the average percentage of credit given on policies eligible under the deviation? NA

5. What was the average percentage of debit given on policies eligible under the deviation? NA

6. State the number of Arkansas policies issued since the approval of your deviation. NA  
Of these policies, how many received a deviation? NA

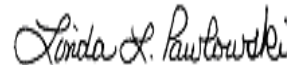
7. Do you allow both schedule rating plans and across-the-board deviations on the same risk? NA

8. Does your company offer a dividend plan? If so, please describe the type of dividend, including the amount paid in dividends for the preceding calendar year. No

9. When promulgating an individual policy premium, at what point is the deviation applied? NA

10. Do plans for the future market provide for:  
(a) A greater market penetration for this type of business    
(b) A lesser penetration    
(c) Status quo X

THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.



Signature

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